

**Commonwealth of Virginia
Department of Housing and Community Development**

**APPLICATION
Homelessness Intervention Program (HIP)**

Fiscal Year 2009 (July 1, 2008 to June 30, 2009)

**Applications Must Be Received By:
5:00 PM Friday, May 16, 2008**

**Department of Housing and Community Development
Homeless and Special Needs Housing
The Jackson Center
501 North Second Street
Richmond, VA 23219-1321**

HIP APPLICATION
Fiscal Year 2009
(July 1, 2008 to June 30, 2009)

Section 1: General Information	1
Section 2: Guidelines and Requirements	4
Section 3: Application Instructions	7
Section 4: HIP Service Areas	9
Section 5: Application	11
Subsection A: Application Checklist	12
Subsection B: General Application Information	13
Subsection C: Project Narrative	14
Subsection D: Project Budget	15
Subsection E: Supplementals	16
Subsection F: Attachments	16

SECTION 1: GENERAL INFORMATION

The Homeless and Special Needs Housing unit of the Virginia Department of Housing and Community Development (DHCD) offers the Homeless Intervention Program (HIP) grant to nonprofit agencies and local governments to prevent homelessness through the provision of supportive services, security deposits, and rental and mortgage assistance to individuals and families throughout the Commonwealth.

HIP is comprised of both state and federal funds. DHCD provides the state portion of the award through allocations from the State General Fund. The federal portion of HIP is TANF (Temporary Assistance to Needy Families) funds which originate at the U.S. Department of Health and Human Services, Administration for Children and Families and are provided to the Virginia Department of Social Services (DSS). In turn DSS allots a portion to DHCD to administer and distribute.

For fiscal year 2008 4.5 million dollars, the State General Fund portion of HIP funds, was available through grant awards to 28 service areas across the Commonwealth (see HIP Service Area section for details). Awards for this portion of HIP funds ranged from \$105,000 to \$360,000 with an average award of \$160,000. It is anticipated that a comparable portion of state funds will be available for similar distribution for fiscal years 2009 and 2010. The TANF portion of HIP funds available for similar services for fiscal years 2009 and 2010 is undetermined at the time of this application release. The 2009 TANF allocation will be made available by June 30, 2008.

Throughout the grant year, grantees will be monitored by DHCD staff. Regular reviews of required statistical and financial reports will be conducted as well as on-site visits to review programmatic and financial procedures and to learn more about services provided. Each site will be assigned a Program Administrator who will serve as a point of contact for technical assistance.

Applicants that have outstanding audit or monitoring findings, unresolved IRS findings, and/or applicants not in compliance with previous DHCD agreements are ineligible for funding. Applicants must have organizational financial systems established to safeguard against misappropriation of funds. All organizations receiving HIP funding must provide approved services in a manner that is free from religious influences.

The deadline for the receipt of applications to include all necessary supplemental information and attachments is 5:00 PM Friday, May 16, 2008. Applications received after this time or with incomplete information will not be accepted and funding for those agencies and organizations will be denied.

New Applicants

Nonprofit organizations or local governments that previously have not received HIP from DHCD are required to provide additional letters of support from the Continuum of Care (CoC) for all service areas for which funding is being requested. This document must substantiate the indicated services outlined in the applicant's proposal and community need for them.

Additionally, DHCD will conduct a site visit prior to the final award of HIP funds. HIP grant funds are **not** intended for start up efforts. Agencies are expected to have related housing services established prior to participating in the application process.

DHCD reserves the right to deny funding to new applicants based on the above outlined criteria and/or additional organizational capacity concerns that are identified.

Continuum of Care Planning Groups

DHCD requires applicants to be actively involved in their local Continuum of Care (CoC) planning groups. Each applicant must be certified as an active participant and as performing a needed and unduplicated service by the Chairperson for each CoC for which HIP funds are being requested. If the chair for the applicant's CoC is an employee or volunteer at the applicant's agency, another CoC member in a leadership position should certify this assurance. Please see Attachment F of the application for the required form.

Funding Distribution for HIP

Allocations will be made to agencies based on organizational capacity and previous allocations made to service areas.

- Organizational capacity will be determined by information provided in the submitted application (see Section 5 for details). Consideration of financial and programmatic monitoring outcomes will be made with agencies previously receiving HIP funds.
- Expenditure rates for HIP awards made for fiscal years 2007 and 2008 will be considered in the review of HIP service area allocations.

Fiscal Year 2010 Funding

It is anticipated that funding appropriations for HIP for fiscal year 2010 will be comparable to those of fiscal year 2009. Therefore, a full application will not be required for fiscal year 2010 HIP funding. However, a grant renewal process will be required.

Renewal contracts will be contingent upon established grantees' compliance with grant guidelines, supportive services offered, timely submission of reports, expenditure rates of allocations and renewal responses.

Quarterly Reports

In order to maintain funding, organizations **must** electronically submit quarterly reports for HIP funded services to DHCD by the 10th of the month following the end of the quarter. Late,

incomplete or inaccurate information is grounds for delay in payment and/or termination of the grant agreement.

The fiscal year 2009 due dates for quarterly reports are:

First Quarter:	July 1 - September 30, 2008	Report Due: October 10, 2008
Second Quarter:	October 1 - December 31, 2008	Report Due: January 10, 2009
Third Quarter:	January 1 - March 31, 2009	Report Due: April 10, 2009
Fourth Quarter:	April 1 - June 30, 2009	Report Due: July 10, 2009

Computer Specifications

All forms, publications and applications are available electronically on the DHCD website: <http://www.dhcd.virginia.gov>. In addition, DHCD uses email as the primary means of regular and on-going communication with grantees. Therefore, it is a requirement that awarded agencies have ready access to a computer with internet access and email addresses for employees.

Notice of Funding and Grant Agreements

Applications will be reviewed and scored by a panel of reviewers. DHCD may contact applicants for verification or clarification of information or for additional information prior to a funding decision.

Notifications of funding will be made by June 30, 2008.

Mandatory grant implementation sessions will be conducted in several sites across the state between June 16 and July 11. Specific dates and times will be made available by June 2.

All awards are contingent upon availability of funding.

Application Sessions

DHCD is offering two “How to Apply” **telephone conference** sessions in April for current and prospective grantees. These sessions will review the format of the HIP application and provide technical assistance to ensure accurate completion of the document. While it is not mandatory, it is highly recommended that all applicants participate in one of the conference calls.

The dates and times for the “How to Apply” **telephone conference** calls are:

Thursday, April 17, 2008	10:00 AM -12:00 PM
Friday, April 18, 2008	1:00 PM – 3:00 PM

Agencies receiving HIP funds from DHCD during fiscal year 2008 should email their assigned Program Administrator to schedule participation on one of the calls. New applicants should

email Nicole Poulin at nicole.poulin@dhcd.virginia.gov to schedule participation on one of the calls.

All responses must be received by no later than close of business Tuesday, April 15, 2008 to ensure adequate lines for the telephone conference. Please include organizational name, point of contact information and number of participants in responses.

For Further Questions Regarding the Completion of the Application

Contact: Nicole Poulin, Program Manager

Phone: 804-371-7113

Email: nicole.poulin@dhcd.virginia.gov

SECTION 2: GUIDELINES AND REQUIREMENTS

Performance Measure

All agencies receiving HIP funds must be able to document that a minimum of 70 percent of households provided with HIP financial assistance are in permanent housing six months after the final HIP payment has been made on their behalf.

Additionally, grantees must ensure that 100 percent of households seeking HIP services are given information on the program and the opportunity to participate in the application process in a timely manner.

Organizational Capacity Expectation

Grantees of HIP funds are expected to have organizational and fiscal controls in place to assure appropriate use of funds. Among these are: implementation of recognized accounting principles; appropriate and recognized employee policies and procedures; and appropriate and active Board of Directors oversight (including written rules of order, duties and responsibilities, conflict of interest statements and recorded minutes).

Programmatic Budget Requirements

A minimum of 75 percent of the total HIP award made to agencies from DHCD must be allocated to direct client financial assistance. This assistance may include rental, security deposits and mortgage assistance for eligible applicants. TANF funds may only be used on rental and security deposits.

A maximum of 20 percent of the total HIP award made to agencies from DHCD may be allocated for supportive services for clients. This category may include staffing costs associated with direct client services.

A maximum of five percent of the total HIP award made to agencies from DHCD may be allocated for administrative costs associated with the program.

An initial allocation of the state portion of HIP grant funds will be made upon request to awarded grantees. However, the majority of the award is made on a reimbursement basis.

Full Year Services

In an effort to ensure that HIP services will be available to households seeking assistance throughout the year, grantees are expected to budget allocated funds efficiently throughout the year.

As a part of this effort, agencies should develop service plans with clients that outline the anticipated amount of financial support to be provided during a set period. Agencies are encouraged to work with clients to provide support through partial rental or mortgage payments and coordinate efforts with other local agencies.

Eligible HIP Clients

Assistance provided by HIP must be targeted toward income eligible households (including single adults) who present strong indicators of future self-sufficiency. HIP is a prevention and early intervention service that should be open only to individuals experiencing a financial crisis due to unforeseen circumstances. Agencies must provide documented consideration of issues related to financial, work and housing stability when reviewing household applications.

Eligible households may include those who are in rental or mortgage arrears or in danger of becoming in arrears. If agencies choose to provide services for those in danger of rental or mortgage arrears, clear internal guidelines regarding verification of potential arrearage must be outlined in interagency policy. Guidelines must include the provision that clients have exhausted all other financial options prior to receiving HIP support.

Eligible Income Limits for Clients

Clients who qualify for HIP financial services under the TANF portion of HIP funding are those with minor children in their custody who are at or below 200 percent of the federal poverty guidelines.

Clients who qualify for HIP financial services under the state portion of HIP funding are those individuals or families at or below 80 percent of the area median income as set by HUD.

Eligible Services for Clients

Mortgage assistance for HIP households must be limited to no more than 20 percent of total households receiving HIP financial assistance annually. A minimum of 80 percent of total households receiving HIP financial assistance must be provided with rental and/or security deposit assistance. Only the state portion of HIP funds may be used for mortgage assistance. Both the state and TANF portions of HIP funds may be used for rental and security deposits.

The maximum amount of rental and mortgage assistance that can be approved for clients on a monthly basis is that up to 150 percent of current fair market rates.

In addition to financial assistance, agencies receiving HIP funds are expected to provide supportive services. These services must include referral and advocacy to appropriate agencies in addition to the development and implementation of a self sufficiency plan. All services must be documented in an orderly accessible format and be available for review upon request.

Loan Provisions

The state general fund portion of HIP funds may be used for the provision of loans for mortgage payments for clients. Any funds collected as a result, must follow the same programmatic budget requirements as the original HIP award (see Programmatic Budget Requirements section – Page 4).

Termination of Participation

Grantees may terminate assistance provided to clients who violate program requirements. The termination, however, must allow for the due process of the terminated client's rights. This must be a documented, negotiated process with clients. Clients must be notified in writing of the circumstances associated with the termination. Client requirements and expectations must be outlined both in writing and verbally upon acceptance of HIP services.

Appeals Process

Grantees must have a multi-level appeals procedure for HIP applicants denied assistance. All applicants who are denied HIP assistance must be informed in writing of the reason(s) they were denied services, their right to appeal and the procedure related to it.

Ensuring Confidentiality

Grantees are required to develop and implement procedures to guarantee the confidentiality of client records. At a minimum, all client paper files and records should be secured when not in use in a locked file cabinet in a room that is also locked when staff is not present. Client records and files that are stored electronically must be password protected and should only be accessed by authorized agency personnel. Unique client identifiers should be used whenever possible. Confidentiality statements should be used and signed by any staff, volunteers or outside individuals who have access to client information.

Agencies are required to keep all records associated with the program for a minimum of five years. It is expected that confidentiality standards be met for that period.

Match

There is no match requirement associated with HIP funds. Agencies are encouraged to use other resources to supplement the program.

Logic Models

Applicants are required to include any *existing* organizational and/or service provision logic models available with submitted applications. It is anticipated that DHCD will require logic

models in the renewal process for HIP grant funding for fiscal year 2010. Details of this will be forthcoming in fiscal year 2009 and outlined in the 2010 renewal application.

Religious Exemption

All organizations receiving HIP funds must provide all activities related to this funding in a matter that is free from religious influences.

SECTION 3: APPLICATION INSTRUCTIONS

General Directions

1. Review the program guidelines and requirements for eligibility information specific to the program included in this application before completing the application. **Inaccurate and/or incomplete information will result in denial of funding.**
2. All applicants must complete all sections.

Completing the Application (Microsoft Word Document*)

1. Download a copy of the application document. Use the “Save As” function under “File” to save a copy on your computer.
2. The application is a Word document and must be completed on your computer.
3. The full legal name of the agency must appear in the upper right corner of every page as indicated in the header (Applicant: _____).
4. When the entire application is completed print a copy.
5. Upon completion, review the application and complete the “Application Checklist”. Ensure that all necessary forms are signed.
6. Compile the printed completed application, supplemental information and attachments in the order requested in the application.

**Applicants may email nicole.poulin@dhcd.virginia.gov to request a Word formatted copy of the application and/or an Excel formatted copy of the budget worksheet (Attachment A)*

Narratives

Where narratives are required, the following criteria must be applied:

1. 12 point Times New Roman font
2. 1 inch margins
3. Single spaced
4. Stay within the specified page limit
5. Agency name on the upper right hand corner of each page

Submission Deadline

1. The Homeless Intervention Program applications are due in the DHCD office at Jackson Center no later than 5:00 PM Friday, May, 16, 2008.
2. This requirement is firm as to place, date, and time.
3. **Applications received after this date will not be accepted and funding for those organizations will be denied.**
4. Incomplete applications will not be accepted.
5. No applications will be accepted by facsimile or electronically.
6. Hand delivered applications should be brought to the main entrance of the DHCD office at the address below. Please request a receipt.
7. Send **one original and four copies** of all required documents to:

Nicole Poulin, Program Manager
Homeless and Special Needs Housing
Department of Housing and Community Development
The Jackson Center
501 North Second Street
Richmond, Virginia 23219-1321

Proposal Evaluation Criteria

1. Threshold Criteria
 - Complete information provided
 - Eligible activities included in the proposal
 - Budget within program limits (75 percent direct client assistance, 20 percent supportive services assistance, 5 percent administrative costs)
 - Timely submission (proposals due 5:00 PM Friday, May 16, 2008)
2. Need (maximum 10 points)
 - Significant community need identified
 - Specific description of issues effecting target population and service area
3. Organizational Capacity (maximum 30 points)
 - History and mission
 - Organizational and programmatic oversight activities
 - Current service programs offered to the target population
 - Financial stability

4. Project Approach (maximum 30 points)
 - Outreach
 - Accessibility
 - Internal ancillary services
 - Community involvement and collaboration
 - Outcome reporting
5. Budget (maximum 30 points)
 - Projected programmatic budget
 - Budget narrative
 - Budgetary proposal for year around services

SECTION 4: HIP SERVICE AREAS

Service Area #1

Jurisdiction: City of Alexandria

Service Area #2

Jurisdiction: Cities of Fairfax and Falls Church and the counties of Fairfax and Arlington

Service Area #3

Jurisdiction: County of Loudoun

Service Area #4

Jurisdiction: Cities of Manassas and Manassas Park and Prince William County

Service Area #5

Jurisdiction: City of Fredericksburg and the counties of Caroline, King George, Spotsylvania and Stafford

Service Area #6

Jurisdiction: Counties of Culpepper, Madison, Orange, Rappahannock and Fauquier

Service Area #7

Jurisdiction: City of Winchester and the counties of Clarke, Frederick, Shenandoah and Warren

Service Area #8

Jurisdiction: City of Harrisonburg and the counties of Page and Rockingham

Service Area #9

Jurisdiction: Cities of Staunton and Waynesboro and the counties of Augusta, Bath and Highland

Service Area #10

Jurisdiction: Cities of Roanoke, Salem, Lexington, Covington, Clifton Forge and Buena Vista and the counties of Allegheny, Roanoke, Botetourt, Craig and Rockbridge

Service Area #11

Jurisdiction: City of Galax and the counties of Bland, Carroll, Grayson, Smyth and Wythe

Service Area #12

Jurisdiction: City of Radford and the counties of Floyd, Giles, Montgomery and Pulaski

Service Area #13

Jurisdiction: Cities of Norton, and Bristol and the counties of Buchanan, Dickenson, Lee, Russell, Scott, Tazewell, Washington and Wise

Service Area #14

Jurisdiction: Cities of Bedford and Lynchburg and the counties of Appomattox, Amherst, Bedford and Campbell

Service Area #15

Jurisdiction: The counties of Amelia, Buckingham, Cumberland, Prince Edward, Lunenburg and Nottoway

Service Area #16

Jurisdiction: City of Charlottesville and the counties of Albemarle, Fluvanna, Greene Louisa and Nelson

Service Area #17

Jurisdiction: Cities of Danville and Martinsville and the counties of Henry, Patrick, Pittsylvania and Franklin

Service Area #18

Jurisdiction: Counties of Brunswick, Charlotte, Halifax and Mecklenburg

Service Area #19

Jurisdiction: Cities of Emporia and Franklin and the counties of Greenville, Surry, Sussex, Isle of Wight and Southampton

Service Area #20

Jurisdiction: Cities of Colonial Heights, Hopewell and Petersburg and the counties of Dinwiddie, Goochland, Powhatan and Prince George

Service Area #21

Jurisdiction: City of Richmond and the counties of Chesterfield, Hanover and Henrico

Service Area #22

Jurisdiction: Counties of Charles City, Essex, Lancaster, Richmond, Westmoreland, King William, Northumberland, New Kent and King and Queen

Service Area #23

Jurisdiction: City of Williamsburg and the counties of York and James City

Service Area #24

Jurisdiction: City of Hampton

Service Area #25

Jurisdiction: Cities of Newport News and Poquoson and the counties of Middlesex, Gloucester and Matthews

Service Area #26

Jurisdictions: Cities of Norfolk, Portsmouth, Suffolk and Chesapeake

Service Area #27

Jurisdiction: City of Virginia Beach

Service Area #28

Jurisdiction: Counties of Accomack and Northampton

SECTION 5: APPLICATION**FORMAT**

All aspects of the application must be completed using a computer with the exception of original signatures. Hand written applications will not be considered for funding. **Five** unbound packets of application materials (**one ORIGINAL** and **four COPIES**) are required in the following order:

- A. APPLICATION CHECKLIST (*must accompany each application*)
- B. GENERAL APPLICANT INFORMATION SHEET
- C. PROJECT NARRATIVE
- D. BUDGET NARRATIVE (*projected budget excel worksheet to be included as Attachment A*)
- E. SUPPLEMENTALS
- F. ATTACHMENTS

SUBSECTION A

APPLICATION CHECKLIST
(Must be submitted with application)

Sub Section	Description	Page Number(s)	Included	Not Applicable
A	Application Checklist		<input type="checkbox"/>	
B	Applicant Information Sheet		<input type="checkbox"/>	
C	Program Narrative		<input type="checkbox"/>	
D	Budget Narrative		<input type="checkbox"/>	
E1	Supplemental Information: Organization's most recent audit report		<input type="checkbox"/>	
E2	Supplemental Information: Organization's most recent IRS Form 990 or 990EZ filed		<input type="checkbox"/>	<input type="checkbox"/>
E3	Supplemental Information: Organization's annual budget for FY 08 and FY 09		<input type="checkbox"/>	
E4	Supplemental Information: Organizational chart including all vacancies		<input type="checkbox"/>	
E5	Supplemental Information: Position descriptions for all staff positions		<input type="checkbox"/>	
E6	Supplemental Information: A current list of Board of Directors (<i>to include contact information</i>)		<input type="checkbox"/>	<input type="checkbox"/>
E7	Supplemental Information: Any existing organizational or programmatic logic models		<input type="checkbox"/>	
E8	Supplemental Information: Brochures and pamphlets		<input type="checkbox"/>	
E9	Supplemental Information: Letter of support from CoC (<i>only for new applicants</i>)		<input type="checkbox"/>	<input type="checkbox"/>
F1	Attachment A: Budget Worksheet *		<input type="checkbox"/>	
F2	Attachment B: Certification of Accuracy		<input type="checkbox"/>	
F3	Attachment C: Certifications & Assurances		<input type="checkbox"/>	
F4	Attachment D: Board Resolution for Nonprofit Applicants (<i>nonprofits only</i>)		<input type="checkbox"/>	<input type="checkbox"/>
F5	Attachment E: Governing Body Resolution for Local Governments (<i>local governments only</i>)		<input type="checkbox"/>	<input type="checkbox"/>
F6	Attachment F: CoC Participation		<input type="checkbox"/>	
F7	Attachment G: Financial Management System Information		<input type="checkbox"/>	

* Applicants may email nicole.poulin@dhcd.virginia.gov to request an excel formatted copy of this document

SUBSECTION B

General Applicant Information

DHCD must be informed in writing of any changes to this information within 30 days of change.

1. Legal Name of Applicant Organization: _____

2. Federal Identification Number: _____

3. Applicant Type (check one): ☐ Nonprofit ☐ Local Government

4. Mailing Address:

Website:

Telephone:

Fax:

5. Executive Director:

Telephone:

Email:

Fax:

Grant Contact:

Telephone:

Email:

Fax:

Financial Contact:

Telephone:

Email:

Fax:

6. List HIP Service Area for which funding is being requested (See Section 4):

7. Total Amount of HIP funds requested for fiscal year 2009:

SUBSECTION C

PROJECT NARRATIVE (*no more than 12 pages total*)

- I. Need (*maximum of 10 points*)
 - A. Describe the need in the community for HIP services. Include demographic information for all service areas for which funding is being requested.
- II. Organizational Capacity (*maximum of 30 points*)
 - A. Describe the organization's history, mission, goals and services. Has the agency ever provided HIP services? Include information on other housing and/or prevention services that are offered.
 - B. Include information on major funding sources and efforts taken to stabilize and/or increase revenue sources.
 - C. Describe the agency's community collaboration activities. How have collaborative efforts affected services? Is the agency an active member of the locality's Continuum of Care?
 - D. If the agency is a nonprofit, describe the governance activities of the agency's Board of Directors. How often are board meetings? Are minutes kept? How often are agency finances reviewed? Does the agency have a recent strategic plan that was approved by the Board of Directors? Are there existing by-laws? When were they approved?
- III. Proposed Homeless Intervention Project (*maximum of 30 points*)
 - A. Describe the target population and outreach/marketing efforts that will take place. What self-sufficiency factors will be considered in working with the target population? Include information on the systems that will be implemented to ensure the outcome that 100 percent of households seeking HIP services are given information on the program and the opportunity to participate in the application process in a timely manner.
 - B. Describe the services that will be provided. Include information on how supportive services will be provided. Describe the appeals process. How will the grantee make services to the community available throughout the entire year? How will programs partner with clients in meeting and achieving the clients' goals? How long will client files be "kept open" after services are completed?
 - D. Describe what follow-up efforts will take place to collect data related to the required outcome that a minimum of 70 percent of households provided with HIP financial assistance are in permanent housing six months after the final HIP payment has been made on their behalf.

SUBSECTION D (*maximum 30 points total*)

BUDGET

For fiscal year 2008, awards for the state general fund portion of HIP funds ranged from \$105,000 to \$360,000. The average award was \$160,000. It is anticipated that a comparable portion of state funds will be available for similar distribution for fiscal years 2009 and 2010.

Proposed budgets should take into consideration fair market rent and previous DHCD HIP awards made to service areas.

- I. Projected Budget (*include as Attachment A**)
- II. Budget Narrative (*no more than two pages*)
 - A. Describe the basis for the request for direct client assistance. What factors are considered in determining the average number of clients and months of financial assistance given? Include the methods that will be used in order to maximize the total number of clients provided with financial services while successfully meeting the required outcome that 70 percent of households provided with HIP financial assistance are in permanent housing six months after the final HIP payment has been made on their behalf.
 - B. Describe the proposed expenses related to supportive services for which funding is requested.
 - C. Describe the budgeted costs associated with the administration of HIP services.

**Applicants may email nicole.poulin@dhcd.virginia.gov to request an excel formatted copy of this document.*

SUBSECTION E

Supplementals

Please provide the following supplements:

- The organization's most recent audit report or review of records
- The organization's most recent IRS Form 990 or 990EZ filed (not required for national nonprofits)
- The organization's annual budget for FY 08 and FY 09 (if available)
- An organizational chart including all vacancies
- Position descriptions for all staff positions
- A current list of the Board of Directors with contact information
- Any existing organizational or programmatic logic models
- Any brochures, pamphlets or other marketing materials used by the organization

SUBSECTION F

Attachments

All applicants must submit Attachments A, B, C, D and G. Nonprofits must also submit Attachment E. Local governments must also submit Attachment F.

- Attachment A: Budget Worksheet *
- Attachment B: Certification of Accuracy
- Attachment C: Certifications and Assurances
- Attachment D: Board Resolution for Nonprofit Applicants
- Attachment E: Governing Body Resolution for Local Government Applicants
- Attachment F: Active Participation in Local Continuum of Care Planning Group Assurance (Note: Multiple Attachments F must be included if applicable)
- Attachment G: Financial Management System Information

**Applicants may email nicole.poulin@dhcd.virginia.gov to request an excel formatted copy of this document*

ATTACHMENT B

Certification of Accuracy

I, _____
(enter name and title)

Duly authorized to act on the behalf of:

(enter agency name)

Certify that by signing this document:

- 1. I have read and understand the Application for Fiscal Year 2009 Funding and have answered the questions to the best of my ability.*
- 2. I understand that any deliberate falsehoods made in the application or in any additional reports to DHCD can result in the termination of funding.*
- 3. I agree to submit all Quarterly Reports in a timely manner. I understand the due dates are:*
 - Quarter 1: October 10, 2008*
 - Quarter 2: January 10, 2009*
 - Quarter 3: April 10, 2009*
 - Quarter 4: July 10, 2009*

Signature of Authorized Representative

Date

Title (print or type)

Name of Organization (print or type)

ATTACHMENT C

CERTIFICATIONS AND ASSURANCES

I, _____ (enter name), authorized representative of _____ (enter name of organization) on behalf of the organization do hereby certify that, if an award is received, the organization will conform to all programmatic regulations, guidelines and requirements set forth in the application for fiscal year 2009 Homeless Intervention Prevention funding, in the Grant Agreement and in the Operations Manual while conducting grant activities for the program funded.

To this end, I certify/assure the following:

1. All services/programs supported by grant funds will be delivered on a non-discriminatory basis consistent with the Fair Housing Act of 1988 and the Virginia Fair Housing Law;
2. The organization will provide all activities under the program(s) in a manner that is free from religious influence;
3. The organization does ☐ /does not ☐ (check one) require a fee or donation as a condition for receiving services;
4. The organization provides housing assistance that is compliant with applicable state and local health, building, and fire safety codes, meeting the U. S. Department of Housing and Urban Development's Housing Quality Standards and Habitability Standards as a minimum, or agrees to make necessary improvements/repairs for code compliance;
5. The organization shall maintain and operate under a standardized set of procurement procedures designed to assure efficient and proper expenditure of grant funds;
- 6.. The organization will administer a policy to ensure a workplace free from the illegal use, possession or distribution of drugs or alcohol by its employees and/or beneficiaries;
- 7.. The organization will maintain and operate under a standardized conflict of interest procedure for employees and members of the board;
8. The organization will insure the confidentiality of its clients and client records;
9. The organization will operate under internal financial controls approved by DHCD;
10. The organization (unless a unit of local government) was incorporated under Virginia law on _____; and
11. The organization (unless a unit of local government) has received Federal tax-exempt status under Section 501 (c) of the U. S. Internal Revenue Code.

Signature of Authorized Representative

Date

Title of Authorized Representative (*print or type*)

ATTACHMENT D

BOARD RESOLUTION FOR NONPROFIT APPLICANTS

- I. WHEREAS, the Virginia Department of Housing and Community Development has issued a Notice of Funding Availability and requested applications under the Homeless Intervention Program for fiscal year 2009.
- II. WHEREAS, assistance is needed to effectively and adequately address the housing and supportive service needs of persons at risk of becoming homeless, including families and individuals in *(list all jurisdictions in service area)*_____.
- III. WHEREAS, a Homeless Intervention Program application for fiscal year 2009 funding has been prepared.
- IV. WHEREAS, _____ (enter name of organization) agrees, if an award is received, to provide coordination of supportive services to persons at risk of becoming homeless in conformance with the regulations and guidelines of the Homeless Intervention Program.
- V. WHEREAS, _____ (enter name and title) may act on behalf of _____ (enter name of organization) and will sign all necessary documents required to complete the grant transaction.
- VI. NOW, THEREFORE, BE IT RESOLVED THAT the Board of Directors of _____ (enter name of organization) hereby authorizes _____ (enter name) to apply for and accept a grant award under the Homeless Intervention Program and enter into a Grant Agreement with the Virginia Department of Housing and Community Development and perform any and all actions and responsibilities in relation to such Agreement.

Signature of Authorized Board Member

Date

Name and Title of Authorized Board Member *(print or type)*

ATTACHMENT E

GOVERNING BODY RESOLUTION FOR LOCAL GOVERNMENT APPLICANTS

- I. WHEREAS, the Virginia Department of Housing and Community Development has issued a Notice of Funding Availability and requested applications under the Homeless Intervention Program for fiscal year 2009.
- II. WHEREAS, assistance is needed to effectively and adequately address the housing and supportive service needs persons at risk of becoming homeless, including families and individuals _____ (enter name of locality).
- III. WHEREAS, a Homeless Intervention Program application for fiscal year 2009 funding has been prepared.
- IV. WHEREAS, _____ (enter name of unit of local government) agrees, if an award is received, to provide coordination of supportive services to persons at risk of becoming homeless in conformance with the regulations and guidelines of the Homeless Intervention Program.
- V. WHEREAS, _____ (enter name and title) may act on behalf of _____ (enter name of unit of local government) and will sign all necessary documents required to complete the grant transaction.
- VI. NOW, THEREFORE, BE IT RESOLVED THAT the Board of Supervisors, City Council, or other authorizing governmental body of _____ (enter name of locality) hereby authorizes _____ (enter name) to apply for and accept a grant award under Homeless Intervention Program and enter into a Grant Agreement with the Virginia Department of Housing and Community Development and perform any and all actions and responsibilities in relation to such Agreement.

Signature of Authorized Local Government Official

Date

Name and Title of Authorized Local Government Official (*print or type*)

Applicant: _____

ATTACHMENT F – To be completed by the Continuum of Care Chairperson (Note: An Attachment F must be completed for each CoC in the service area for which application is being made. New applicants are required to have an additional letter of support.)

Active Participation in Local Continuum of Care Planning Group Assurances

Applicant Information:

Name: _____ Address: _____

Continuum of Care Group: _____

My signature below attests that this agency/organization:

1. Is an active participant, of the above named Continuum of Care:

☐ Yes

☐ No

If no, please provide an explanation:

2. Is filling a gap by providing services to individuals and families at risk of becoming homeless, or the lack of this established program would cause hardship in our community's continuum of services:

☐ Yes

☐ No

Signature of Continuum of Care Chairperson

Date

Printed Name, Title

Agency

ATTACHMENT G**Financial Management System Information**

Information must be completed by all applicants.

1. Does the organization provide its own financial accounting? ☐ Yes ☐ No
If no, who provides the organization's financial accounting? _____

2. In the financial accounting system, are the following books of account used?

A. General Ledger	<input type="checkbox"/> Yes	<input type="checkbox"/> No
B. Cash Disbursements (Check Register)	<input type="checkbox"/> Yes	<input type="checkbox"/> No
C. Cash Receipts (Deposits Received)	<input type="checkbox"/> Yes	<input type="checkbox"/> No
D. Fixed Asset	<input type="checkbox"/> Yes	<input type="checkbox"/> No
E. Are financial records maintained by computer?	<input type="checkbox"/> Yes	<input type="checkbox"/> No

If yes, provide answers to the following:
 What accounting software is used? _____
 Who has access to accounting records? _____
 Are passwords used to access records? _____
 Is there an off-site back-up system? _____

3. List the title of the staff person responsible for the following tasks
 - A. Opens mail: _____
 - B. Deposits checks/funds: _____
 - C. Reconciles checkbook with bank statement: _____
 - D. Posts cash receipts: _____

4. Do checks require two signatures? ☐ Yes ☐ No
 If yes, is there a threshold amount required? ____No, all checks require two signatures ____Yes, all checks over \$_____ require two signatures.
 Whose signatures are required? (Titles) _____

5. Are individuals who handle the organization's funds bonded? ☐ Yes ☐ No

6. How many years are records retained? _____

7. Is an annual audit completed by an independent accounting firm? ☐ Yes ☐ No
 If no, how often is an audit completed or what other methods are used to ensure fiscal accountability? _____

8. What percentage of the overall budget for homeless programs was from DHCD grants for fiscal year 2008?

Signature of Authorized Representative_____
Date_____
Title (print or type)_____
Name of Organization (print or type)